



AUDITION FORM

* Please complete all sections and **bring a colour headshot (head and shoulders)**

[No photo required if you have worked with Wings2Fly Theatre in the past]

All auditionees must also complete a Medical Form

Production Name: _____

Name: _____

School: _____

Year level: _____ Age: _____

Parent Name: _____

Date of Birth: _____

Contact Number: _____

Clothes size: _____ Adults/Kids

Suburb: _____

Chest: _____ Waist: _____ Hip: _____

Email: _____

Height: _____

Student email (with parent permission and if checked regularly): _____

Role/s auditioning for: _____

Any roles you are NOT interested in accepting? _____

I am/am not prepared to take a different role

I can commit to the full rehearsal schedule yes/no

If not, please give details: _____

How did you hear about Wings2Fly Theatre? _____

I have read the audition pack in full and understand my obligations yes/no

Prior training - acting/singing/dancing: (please write on the back if you require more space)

Prior experience – acting/dancing/singing: (please write on the back if you require more space)

Official use only

MEDICAL FORM



Personal Details

Surname:

Given Names:

Medical Information

Known conditions – please tick all which apply and give details

☐ Allergies:

☐ Asthma:

☐ Blackouts:

☐ Diabetic:

☐ Other:

Please specify any special care/treatments required

Please give details of any medication presently being taken:

Any food allergies/dietary requirements?
(We provide catering at read through and both performance days)

Any learning difficulties eg dyslexia:

Medicare Number:

Ambulance Cover Details:

Emergency contact:

Name:

Relationship:

Phone:

Declaration (a parent or legal guardian must complete this section if under 18)

Name:

Relationship:

- I authorise Wings2Fly and its employees, where it is impractical to communicate with me, to arrange for such medical treatment as he or she may deem necessary, including the use of an ambulance service. I accept responsibility for all costs associated with any such treatment.
- I further authorise the use of anaesthetic by a qualified medical practitioner if necessary.
- I appreciate that Wings2Fly and its employees, whilst taking all reasonable care, cannot be held responsible for personal injury or loss or theft of property, and I agree to indemnify them and hold them harmless against all such claims.
- I authorise Wings2Fly to use my name and/or image on social media (including Facebook and Instagram) by way of promoting Wings2Fly Theatre and/or upcoming productions.
- I authorise Wings2Fly to use photographs of my child in promotional media.
- I have read and understood this form and I declare that the information is true and correct.

Signature:

Date: